

Declaration and Power of Attorney for a Patent Application

Declaration

As below named inventor, I hereby declare that my residence post office address, and citizenship are as stated below my name. Further, I hereby declare that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A MICROCONTROLLER HAVING A DUAL MODE RELAX OSCILLATOR THAT IS TRIMMABLE
the specification of which:

☒ is attached hereto, or
..... was filed on as application serial no. : and
..... was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; and

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

Foreign Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Date Filed	Priority Claimed
..... yes no
..... yes no

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 and 199(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status (patented/pending/abandoned)
60/243,798	10/26/00	PENDING
.....

09342768-072403

Power of Attorney

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent Trademark Office connected therewith.

James P. Hao	Registration No.: 36,398
Anthony C. Murabito	Registration No.: 35,295
John P. Wagner	Registration No.: 35,398
Glenn D. Barnes	Registration No.: 42,293
Thomas M. Catale	Registration No.: 46,434
Jose S. Garcia	Registration No.: 43,628
Kenneth N. Glass	Registration No.: 42,587
Lin C. Hsu	Registration No.: 46,315
Mehlin Dean Matthews	Registration No.: 46,127
Ronald M. Pomerence	Registration No.: 43,009
John F. Ryan	Registration No.: 47,050
William A. Zarbis	Registration No.: 46,120
Matthew J. Blecher	Registration No.: 46,558
Lawrence R. Goerke	Registration No.: 45,927
Ira J. Nasserian	Registration No.: 43,856

Send Correspondence to:

WAGNER, MURABITO & HAO LLP
Two North Market Street
Third Floor
San Jose, California 95113
(408) 938-9060

Signatures

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor: James Shutt

Inventor's Signature James H. Shutt Date 7/20/01
Residence Bothell, Washington Citizenship USA
(City State)
P.O. Address 9622 S. 192th Place, Kent, Washington 98021
16125 Juanita-Woodinville Wy #1102 Bothell, WA 98011

Full Name of Second/Joint Inventor: _____

Inventor's Signature _____ Date _____
Residence _____ Citizenship _____
(City State)
P.O. Address _____